

underscoring material = new
[bracketed material] = delete

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

HOUSE BILL 543

49TH LEGISLATURE - STATE OF NEW MEXICO - FIRST SESSION, 2009

INTRODUCED BY

Danice Picraux

AN ACT

RELATING TO HEALTH CARE; ENACTING A NEW SECTION OF THE HEALTH INFORMATION SYSTEM ACT; DIRECTING THE NEW MEXICO HEALTH POLICY COMMISSION TO DEVELOP, IMPLEMENT AND PUBLISH AN ANNUAL STANDARDIZED REPORT ON SOLE COMMUNITY PROVIDER FUND SPENDING AND COSTS.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO:

Section 1. A new section of the Health Information System Act is enacted to read:

"[NEW MATERIAL] SOLE COMMUNITY PROVIDER FUND ANNUAL STANDARDIZED REPORT.--

A. By November 1 of each year, the commission shall develop, implement and publish an annual standardized report on sole community provider fund spending and costs and report its findings to the legislative health and human services

underscored material = new
[bracketed material] = delete

1 committee. The sole community provider report may be a
2 separate report or may be included in the indigent health care
3 report required pursuant to Section 27-5-5.1 NMSA 1978.

4 B. The annual standardized report on sole community
5 provider fund spending and costs shall include the following
6 aggregate information regarding the preceding fiscal year:

- 7 (1) how federal matching funds are used;
8 (2) how county indigent funds are used;
9 (3) the percentage of funds that are used for
10 direct medical services; and
11 (4) whether funding and expenditure of funds
12 are in compliance with federal law and regulation.

13 C. The annual standardized report on sole community
14 provider fund spending and costs may include the following
15 information from the preceding fiscal year on a provider
16 hospital-by-hospital basis:

- 17 (1) the hospital's operating costs, which are
18 the expenses required to deliver health care, including
19 interest, depreciation, amortization and overhead, exclusive of
20 bad debt;
21 (2) measures that the hospital uses to promote
22 efficiency and economy;
23 (3) the hospital's gross patient charges,
24 which are the nondiscounted amounts the hospital requires that
25 all patients be charged for care;

.174793.1

1 (4) the hospital's cost-to-charge ratio, which
2 is derived by dividing total operating costs, exclusive of bad
3 debt at cost, by gross patient charges;

4 (5) the actual cost of uncompensated care;

5 (6) bad debt that the hospital incurred, which
6 consists of accounts written off on a gross charge basis for
7 services for which payment was anticipated but not received;

8 (7) charity care or indigent care costs, which
9 is health care services provided to patients who are not able
10 to pay and from whom the hospital anticipates no payment;

11 (8) the total number of indigent patients
12 served by the hospital;

13 (9) the total number of encounters with
14 indigent patients by the hospital; and

15 (10) the total shortfall of actual costs over
16 payments received from medicaid, medicare or other health care
17 coverage that does not cover all of the costs associated with
18 the hospital's service to all patients."